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DERMATOLOGY VISUALS

Based on Marrow Image Based Discussion Videos

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Please Note:

- This is the *digital handwritten note* **of DERMATOLOGY VISUALS based on Marrow image based discussion videos**
- **All the Slides/ Images/ Diagrams and Graphs discussed by the lecturer is added**
- **All the questions discussed by the lecturer is added**
- Additional Images from the web for better understanding is included
- Recent Year **AIIMS/ NEETPG** questions included

ABBREVIATION

Q = Previous year question

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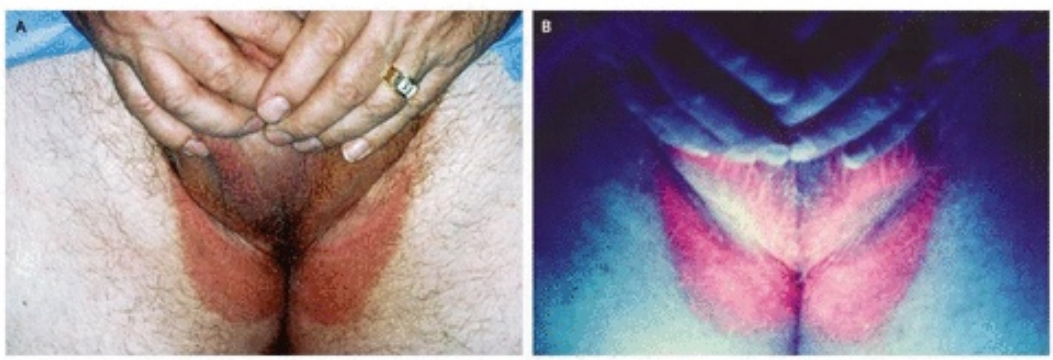
Langerhans Cell :-

- Antigen presenting cells in S.Spinosum
- E.M ⇒ Birbeck Granules
  ↓
  Tennis racquet shaped structure

Wood's lamp :- emits wavelength : 364nm

Filter : 9% Nickel oxide
+
Barium Silicate



Erythrasma

Erythrasma

- org: C. minutisum
- asymptomatic Hyperpigmentation
- CORAL RED Flourescense

Diascopy :- glass slide is pressed over the lesion

↓ of

erythema : Blanching response

Erethema

Purpura

Purpura ⇒ extravasation of RBC
↓
stain the vessel wall
↓
Non blanching on diascopy

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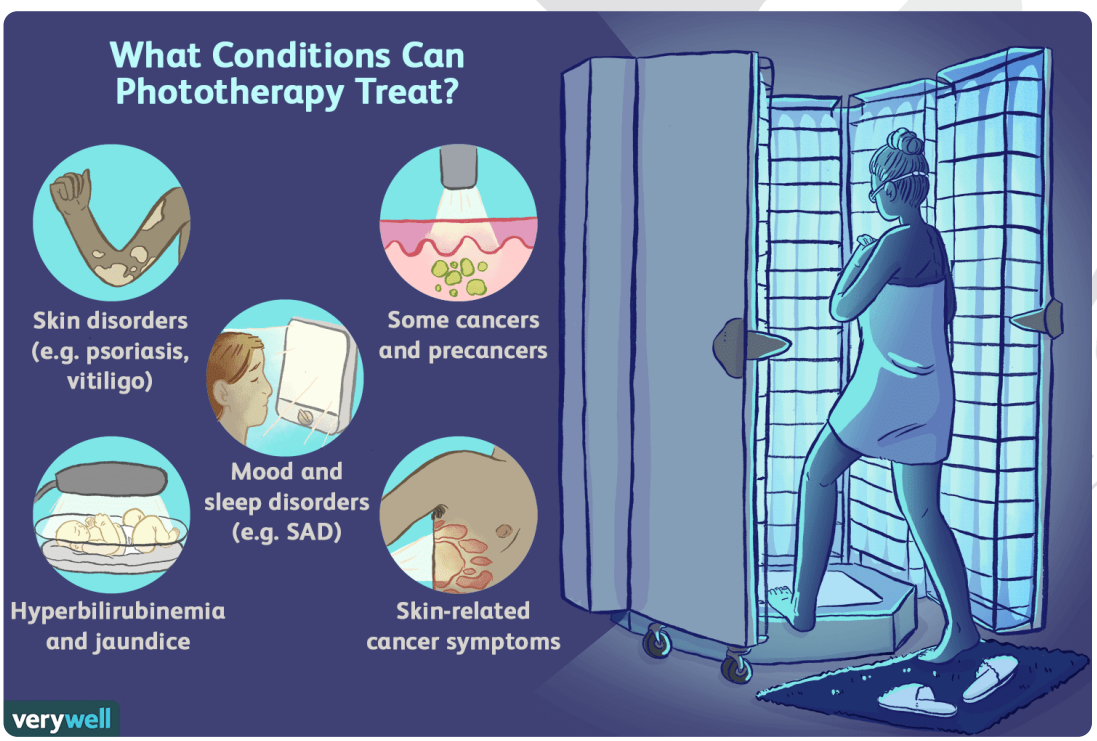
Lupus Vulgaris

Lupus Vulgaris ⇒ apple jelly nodules

Phototherapy



UV-B : 311 ± 2n (narrow band)

PUVA : psoralen + UVA (320-400nm)

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uses of phototherapy

1) Psoriasis
2) Vitiligo
3) Atopic Dermatitis

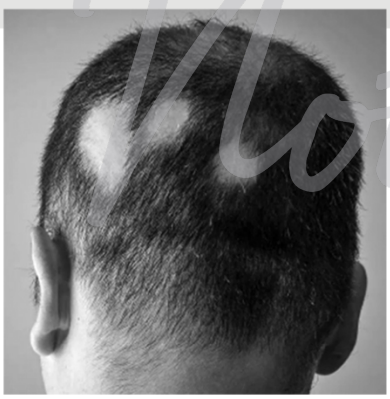
Appendages & Disorder

Alopecia Areata :

- patchy non scarring alopecia
- Complete loss of hair within the patch.
- Ab against Anagen.

NEET PG 19

Identify the condition shown in the image?

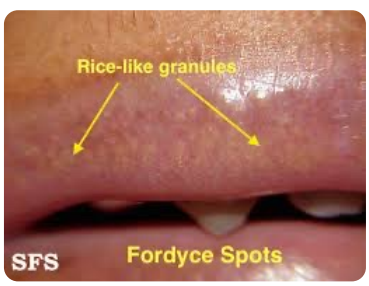


a. Sebaceous cyst
b. Alopecia areata
c. Trichotillomania
d. Tinea capitis

Ans. (b) Alopecia areata

Ref: IADVL Textbook of Dermatology 4th edition Pg no: 901-903

Fordyce Spots :



→ Yellow papule
→ Buccal mucosa / lip.
→ Ectopic Sebacious Glands (Not a/w Hair follicle)

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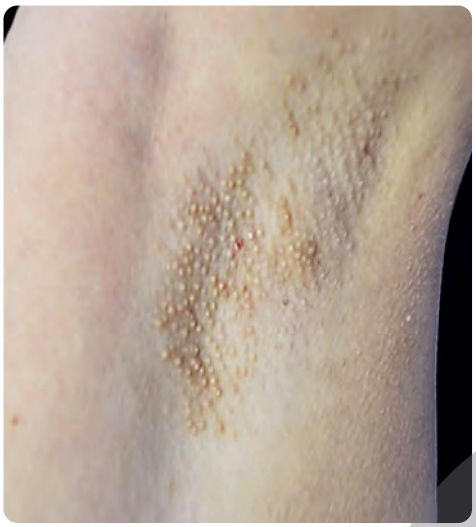
Fox fordyce Disease :-



- Apocrine Miliaria
- obstruction to the apocrine duct
- Multiple skin coloured papules

⇒ SITE : AXILLA
⇒ C/C pruritic skin coloured papules eruption

Hidradenitis Suppurativa : d/o of apocrine glands

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⇒ Multiple, tender, red nodules
⇒ Multiple sinuses (discharging)
⇒ Band like scarring

Acne Vulgaris :-

- C/C inflammatory d/s
  ↓ involves
  pilo sebaciouse unit

Comedon : special lesion in Acne Vulgaris
Hair follicle plugged by keratin / sebaceum

- **OPEN**
  - Blackheads
- **CLOSED**
  - Whiteheads

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Infected Black heads

White heads

- Atmosphere air enter hair follicles & oxidise the sebum.

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Nodulo cystic Acne

→ Grade 4 Acne

RxOC: ORAL RETINOIDS
ISOTRETINOIN

Rosacea:
- C/c inflammatory facial dermatosis
- Involves convexity of faces
- Vascular hyperreactivity {B.V of face overreacts}

→ flushing {Burning sens. + ↑se blood to face}
+ Telanganctasia {Dilated B.V on face}

Long standing cases of ROSACEA → RHINOPHYMA / POTATO NOSE

→
- Thickening of skin
- Irregular surface
- Prominent pores

Rx:- CO_2 Laser Resurfacing & debulking

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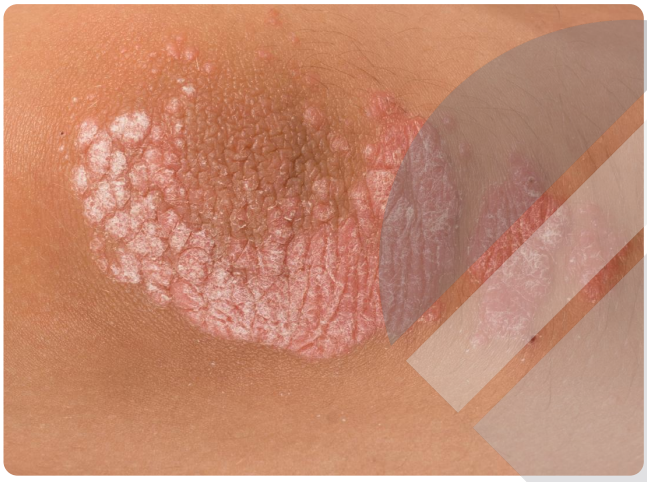
Papulosquamous D/o

1) Psoriasis :-

Morphology:-
- Red scaly papules and plaque
- Scales are micaceous / silvery white
- Distribution → mostly extensor surface of the body.



Psoriasis

Auspitz sign for psoriasis

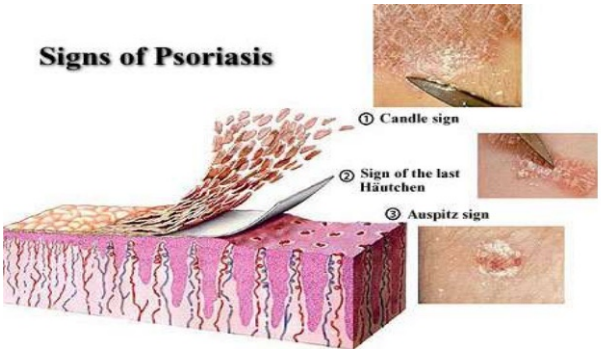
Auspitz sign :-

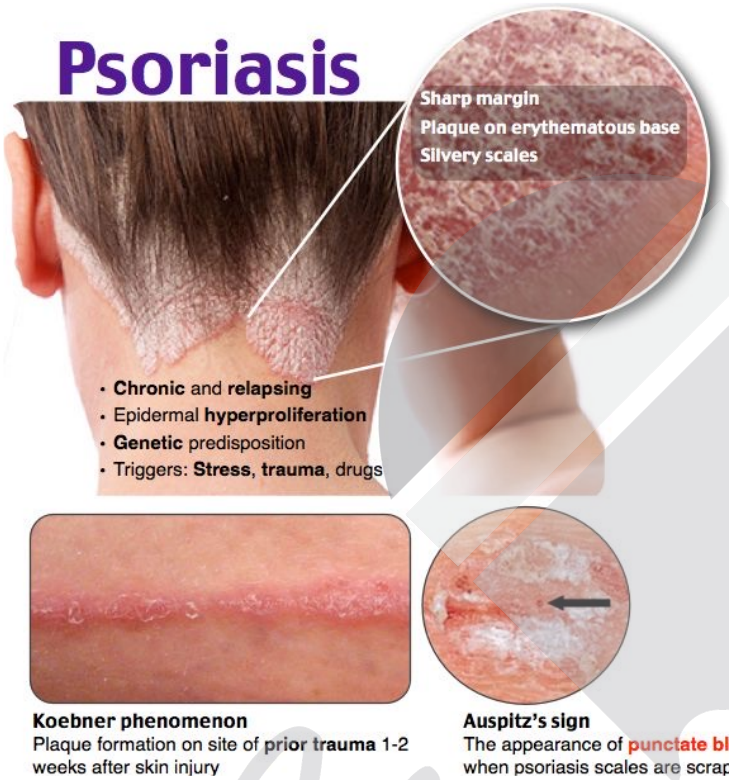
Grattage test :

Glass slide → scrape the lesion of psoriasis

↓ outcome

1) Silvery white scale
2) Bulkeley membrane
3) Pin point Bleeding spots.




Psoriasis
Sharp margin
Plaque on erythematous base
Silvery scales
• Chronic and relapsing
• Epidermal hyperproliferation
• Genetic predisposition
• Triggers: Stress, trauma, drugs
Koebner phenomenon
Plaque formation on site of prior trauma 1-2 weeks after skin injury
Auspitz's sign
The appearance of punctate bleeding spots when psoriasis scales are scraped off

Koebner phenomenon
(Isomorphic response)

↓

Appearance of new lesion of psoriasis along the line of trauma.

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True koebners phenomenon

1) Psoriasis
2) L. Planus
3) Vitiligo

Psuedo Koebner's Phenomenon

1) Molluscus Contagiosum
2) Viral Warts

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Nails in Psorias :.

① Nail pitting : Depressions over Nail plate

(MC) nail finding in psoriasis

② Oil drop sign / .
Salmon sign

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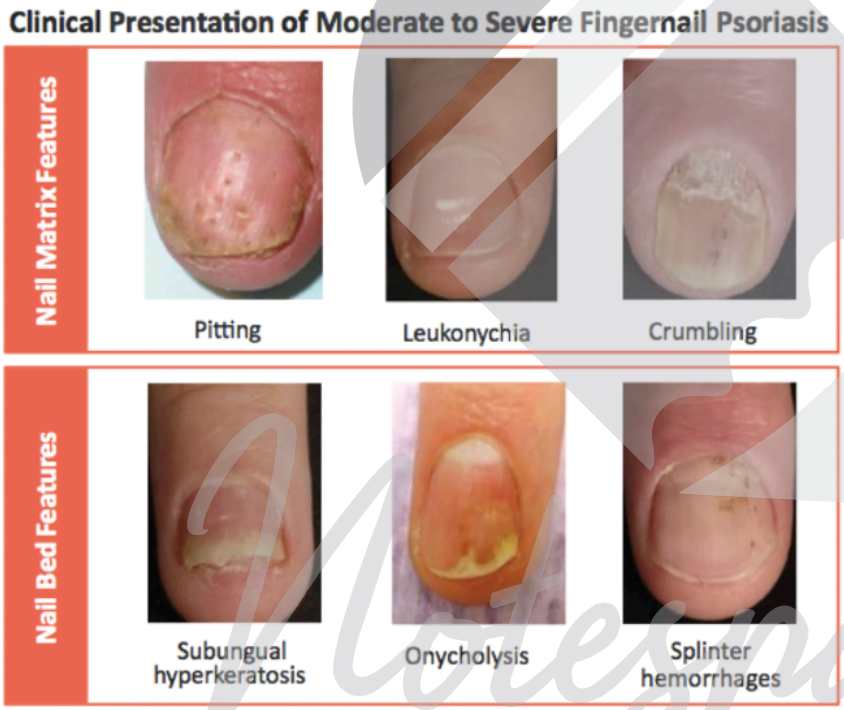
⇓

Pathognomonic of Nail Psoriasis

NEET '19 //
Geometric pitting s/i Alopecia Areata



LICHEN PLANUS :-

6P's :-

1) Purple
2) Pauritic
3) Polygonal
4) Plain toped
5) Plaque & Papules

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- Distrubution : . Flexor aspects
- Koebner's phenomenon ⊕

Nail changes in Lichen Planus :-

Pterigium of nail } wing shaped Δ fold from proximal nail fold into nail bed.

Pityriasis Rosea :-

- A/c self limiting eruption
- HHV 7
- Herald / mother patch is the first lesion to appear

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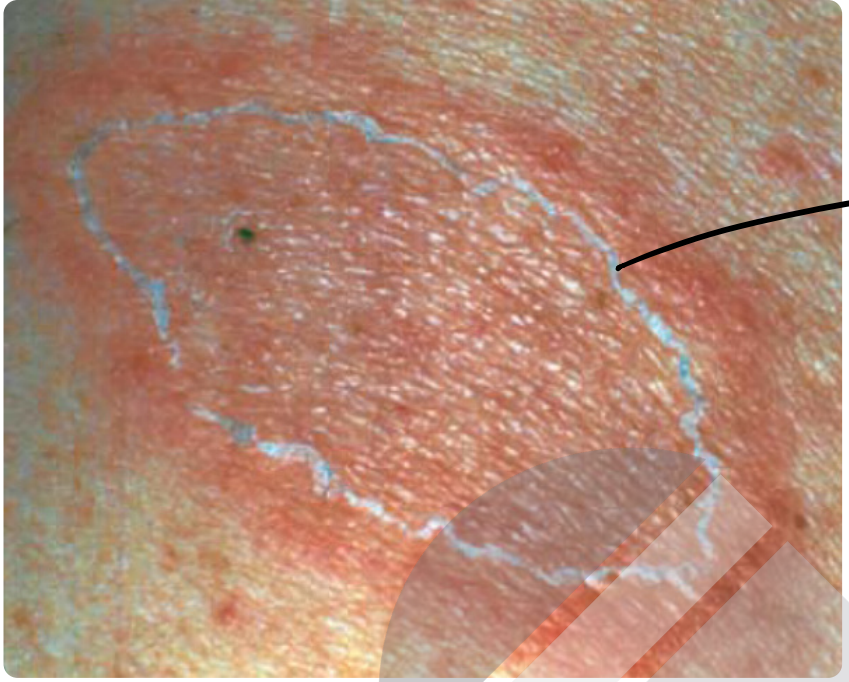
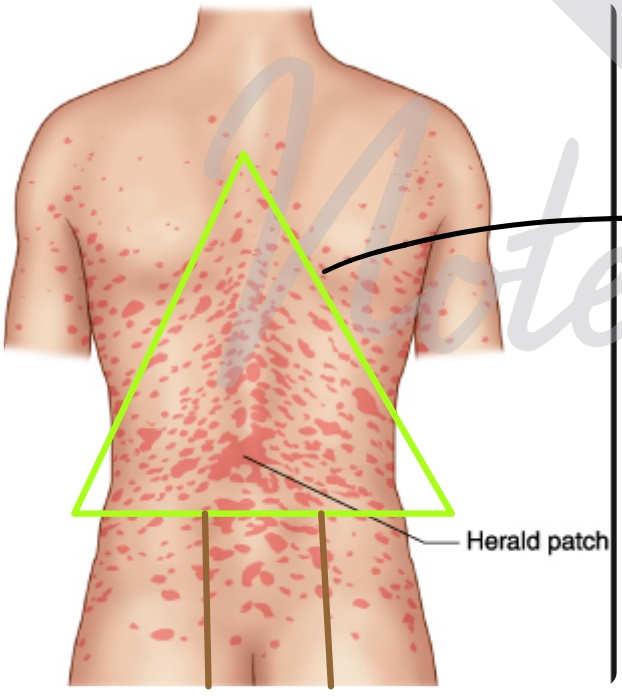


Collarette scales

Distribution → • along the lines of Langer } christmas tree distribution
• parallel to the ribs



Christmas tree distribution

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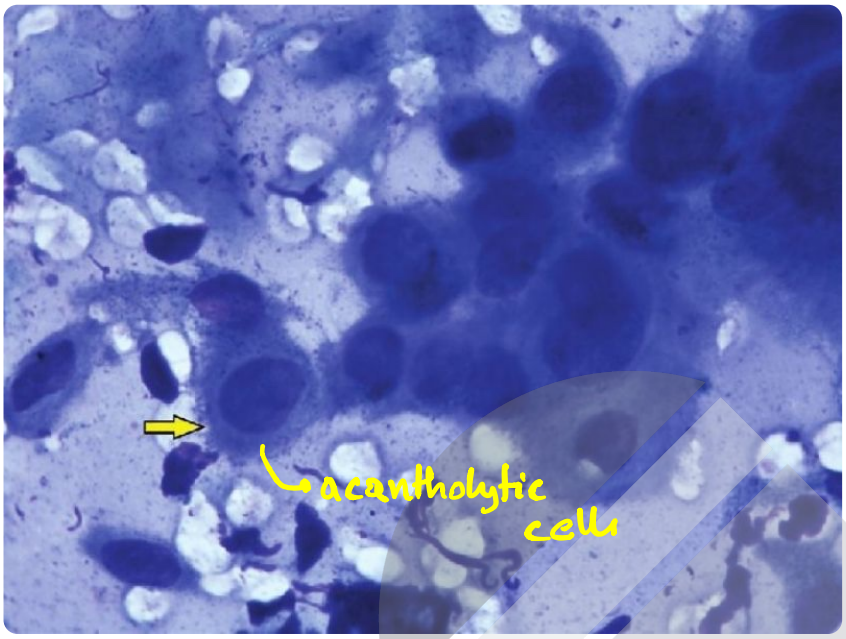
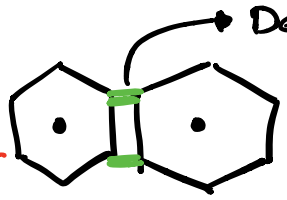
Bullous d/o :-





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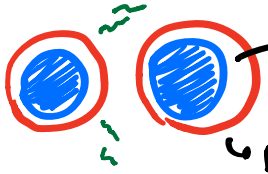
Keratinocytes

↓ Desmosomes destroyed

ACANTHOLYSIS



acantholytic cells / Tzanck cells

Nickolskiy Sign:- Tangential pressure is applied over (N) skin

On pressure → epidermis seperate from the dermis

True Nikolsky Sign → d/t acatholysis

1) P. vulgaris
2) SSSS

Psuedo Nikolsky sign → d/t keratinocyte necrosis

1) Toxic Epidermal Necrolysis : most severe drug reaction

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Bulla spread sign: pressure applied over Bulla

↓

Extension of the bullae in to adjacent skin.

- Flaccid → Irregular angulated margin
- Tense → Round regular margin

Pemphigus Vulgaris : • Immunobulbus d/s (MC)

- Target Ag ⇒ DSG-3, 1
- Target Protein ⇒ DESMOSOME
- Level : Intra epidermal.

→ Flaccid Bullae

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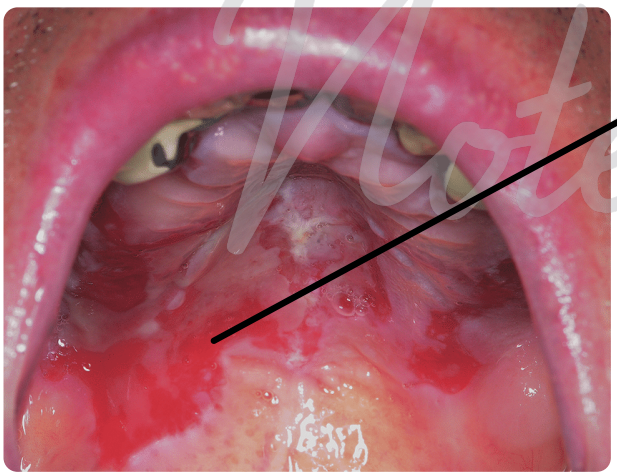
Erosions } slow to heal }

d/t acantholysis a/w bad erosion which are slow to heal



Oral erosions / lesions in more than 95%.

d/t DSG 3 is in high conc. in oral cavity.

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AIIMS19 An adult ♂ patient presents with flaccid blisters on trunk and back which take long time to heal along with buccal mucosa ulcers. Tzanck smear is positive . What is the Dx ?

a) Bullous pephigoid → Tense blisters
b) Dermatitis herpetiformis → extensor surface smaller lesions
c) Pemphigus Vulgaris
d) Pemphigus Folliaceous → No mucosal lesions.

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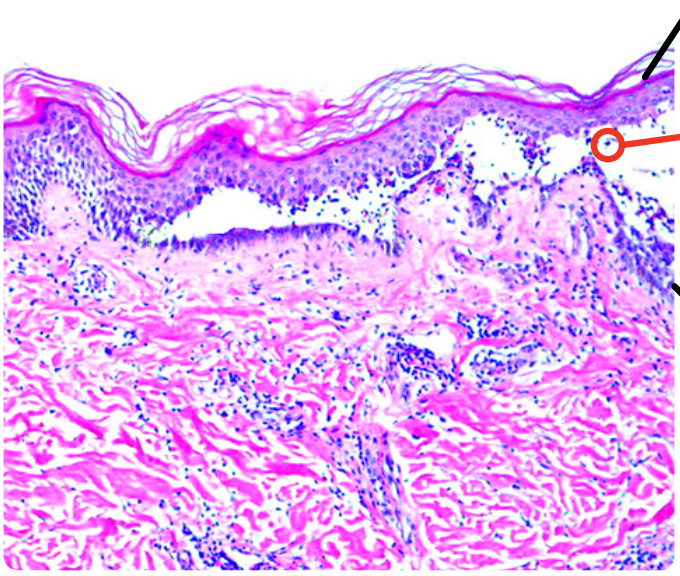
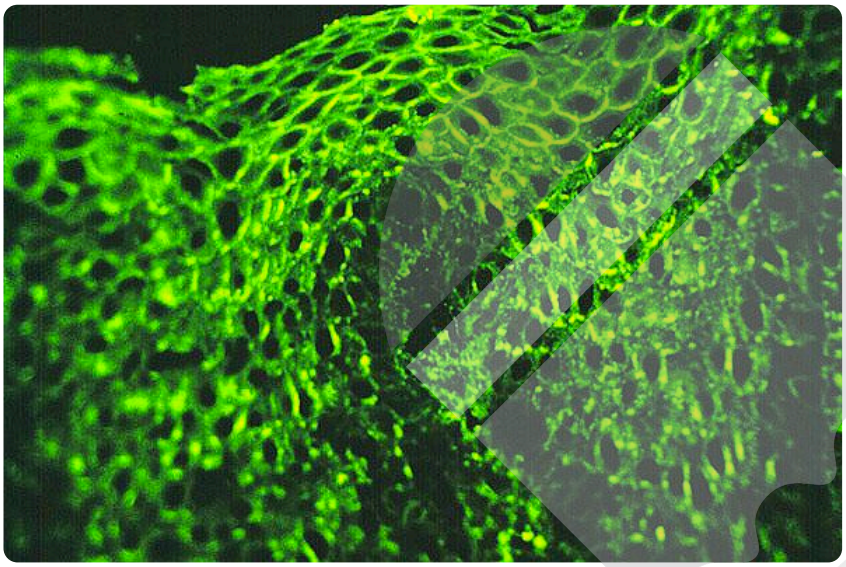


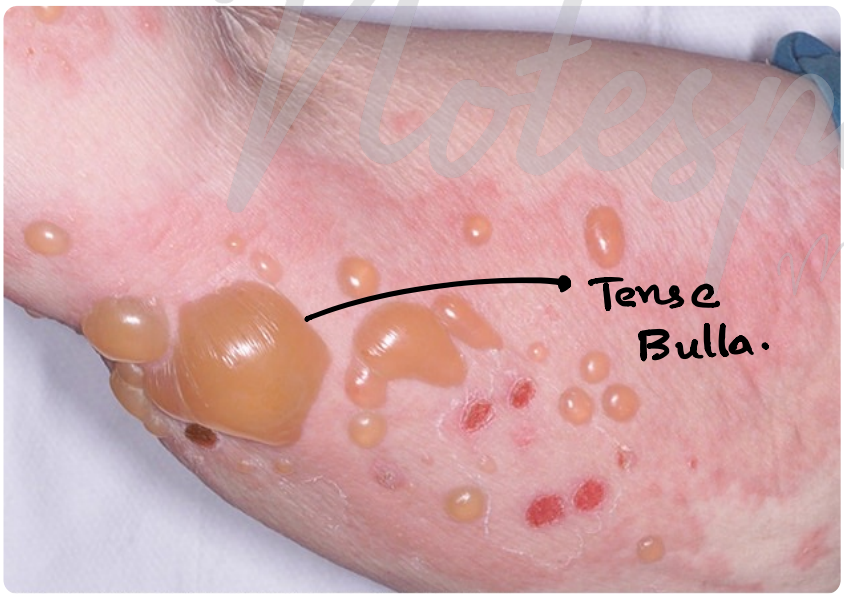


Direct immunofloresence :-

Deposition:

- what → IgG + C3
- where → Intra epidermal intercellular
- How → Fish net pattern

Bullous Pemphigoid :- Immunobullous



Target Protein : Hemidesmosome. (BMZ)

Target Ag : BPAG 1, 2

- Subepidermal.
- Deeper lesion.

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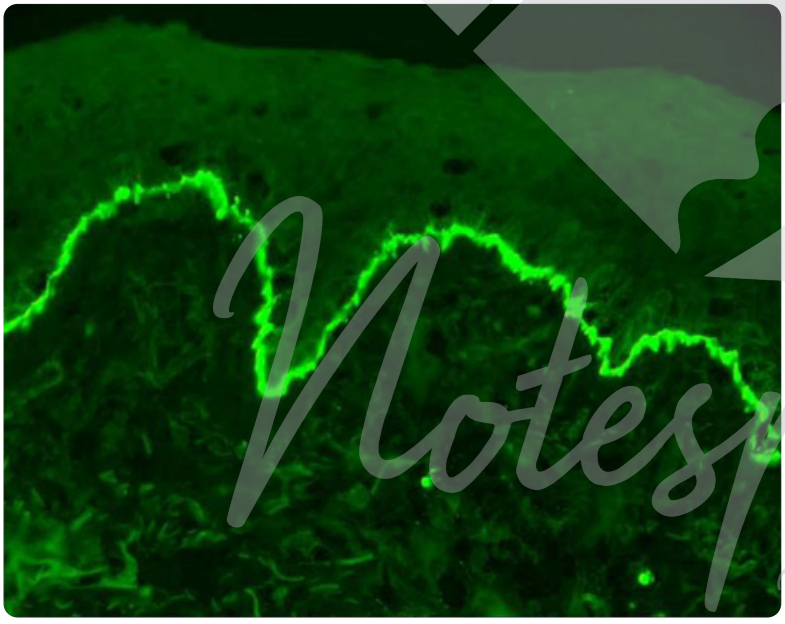

Direct Immunofluorescence :-

Deposition :

- what → IgG, C_3
- where → Basement membrane zone
- how → Linear pattern.

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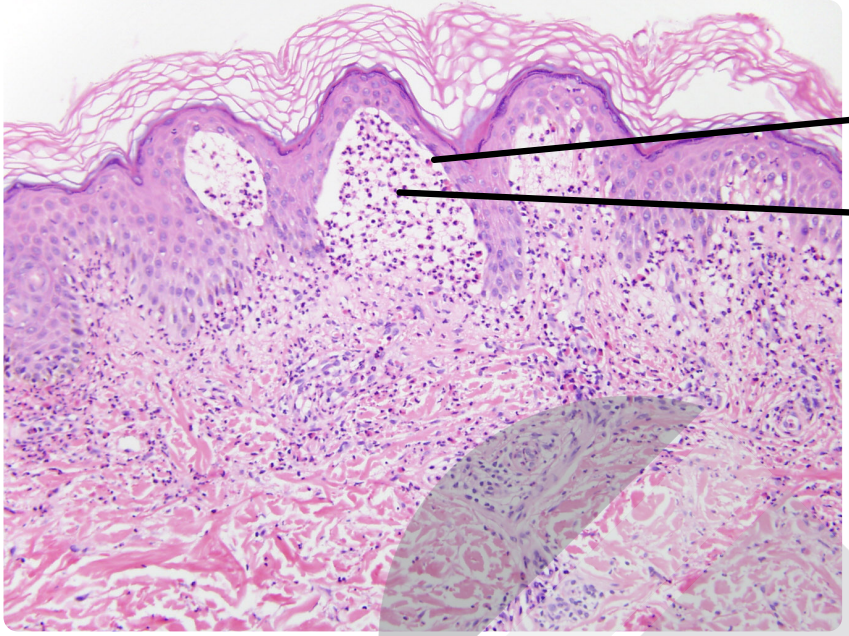
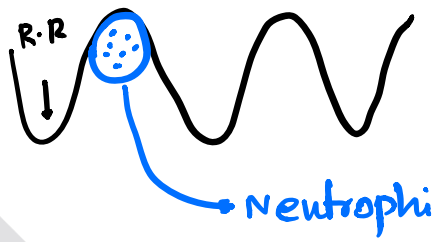
Dermatitis Herpetiformis :- Subepidermal Bullae.

- Intensely pruritis
- Pupulo vesicle lesion initially
- Extensor aspect of the body
- Grouped Excoriations.



Subepidermal Bulla

Papillary tip microabscess



Immunofluorescence:-

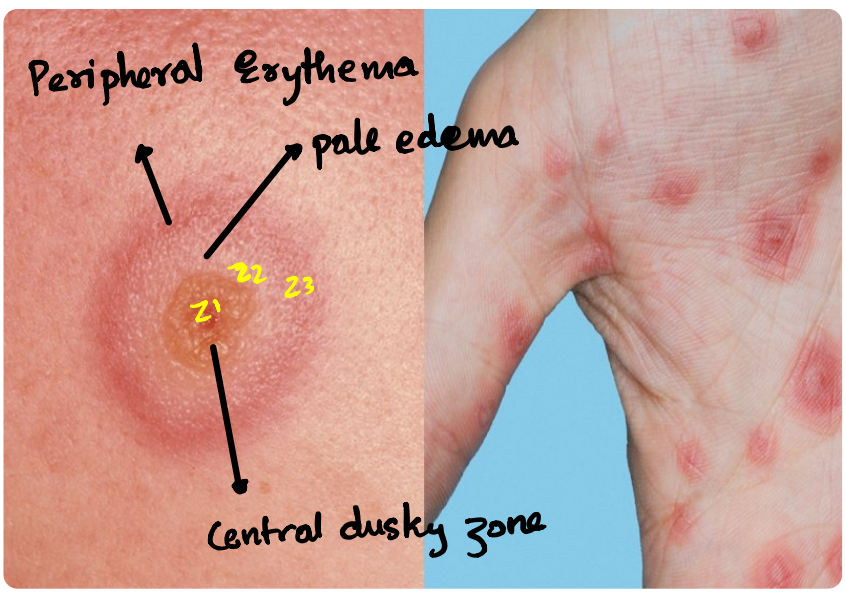
Deposition:

What → IgA

where → BMZ + Dermal papillae

How → Interupted granular pattern

Erythem Multiforme:-



Target lesion:-

- 3 zones.
- site: distal extremities

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Fixed Drug Eruptions :-

on Reintake of drug → Reccurs on the same site
{because location is fixed}

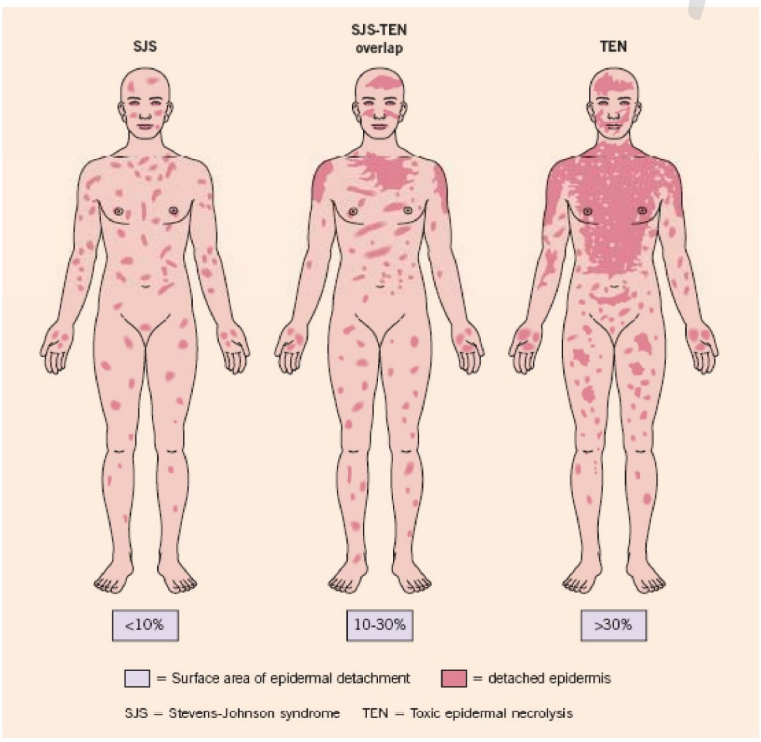
- Always heals with hyperpigmentation

SJS - TEN :-

Body surface area

- <10% ⇓ SJS
- 10-30% ⇓ overlap
- >30% ⇓ TEN

→ Generalised peeling of skin.



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SJS - TEN

→ pressure applied: Psuedo nikolsky sign ⊕

→ sheet like epidermal peeling

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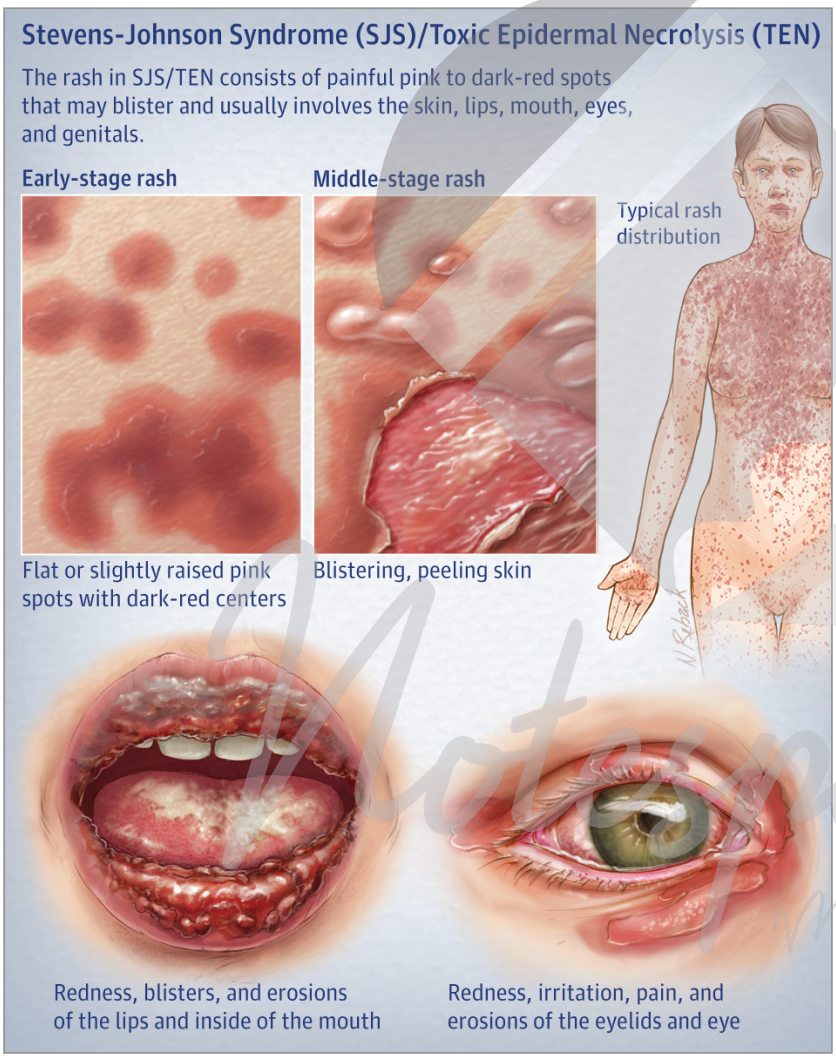
Stevens-Johnson Syndrome (SJS)/Toxic Epidermal Necrolysis (TEN)
The rash in SJS/TEN consists of painful pink to dark-red spots that may blister and usually involves the skin, lips, mouth, eyes, and genitals.
Early-stage rash
Middle-stage rash
Typical rash distribution
Flat or slightly raised pink spots with dark-red centers
Blistering, peeling skin
Redness, blisters, and erosions of the lips and inside of the mouth
Redness, irritation, pain, and erosions of the eyelids and eye

Mucosal involvement is prominent

↳ usually 2 mucosa involved

TEN → >90%. Drug Induced

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Non - Bullous Impetigo → Bacterial infection of epidermis

org. : staph / strepto

Crust : golden brown / Honey coloured

site : face

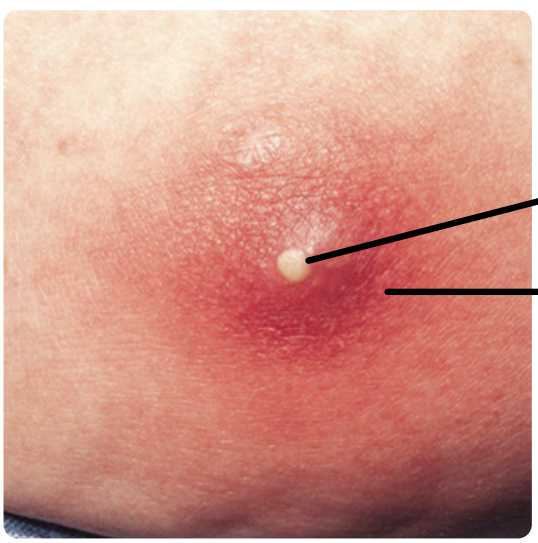
age group : children.

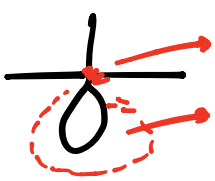
Bullous Impetigo :

. org: staph. (exclusively) .

. Varnish crust

Furuncle :





- pus point
- perifollicular area

} infection around hair follicle ⊕ perifollicular area

. Better felt on palpation

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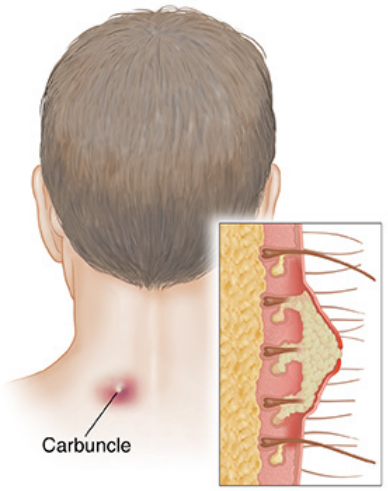
Carbuncle :- org: Staph. Aureus.



Infection of
Multiple H. F
+
Contiguos area

(MC) site : Nape of neck

Most important } DM
ass.

Corynbacterial Skin infection :-

i) Erythrasma :-

- org: C. minuttisum
- asymptomatic hyperpigmented lesion
- Woods lamp : CORAL RED FLOURESCE-NSE

ii) Trichomycosis axillaris :-

- NOT FUNGAL inf.
- org: C. TENUVIS

→ Yellow coloured axillary hair

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iii) Pitted Keratolysis :. org: Micrococcus / Kytococcus sedentarius

Pits / craters (Palms / soles)

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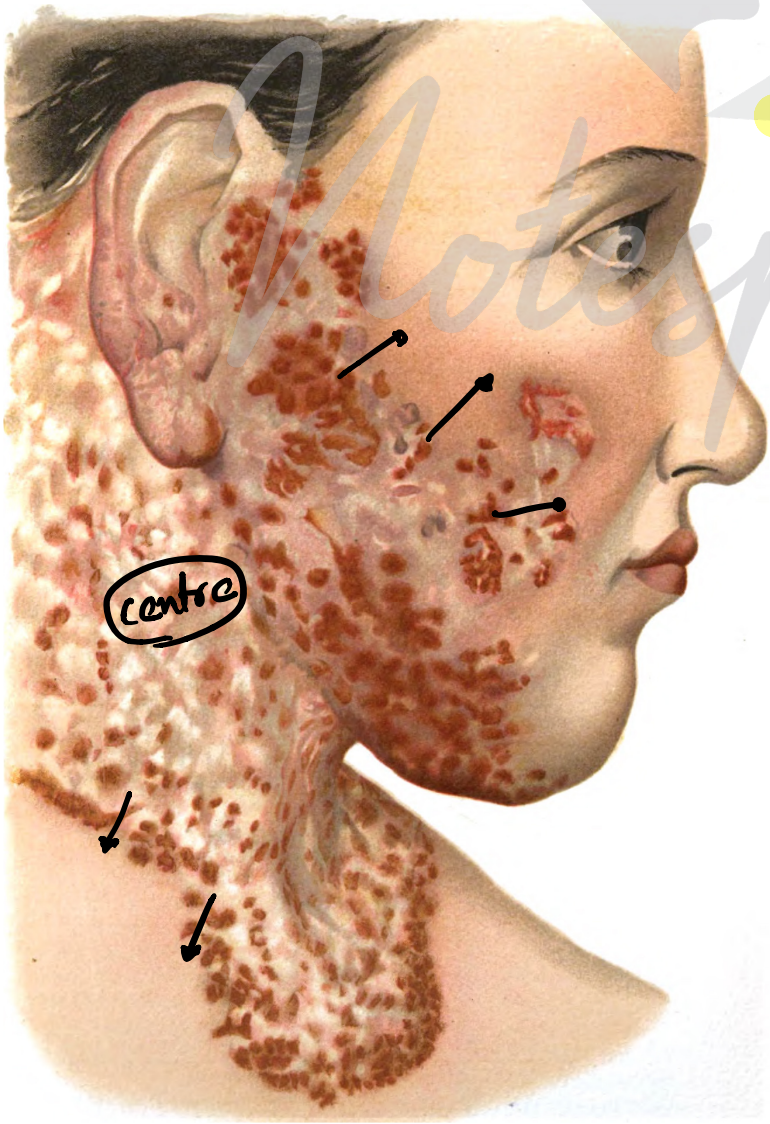
Cutaneous TB :.

i) Lupus Vulgaris :



- Annular Plaque
- Central atrophy & scar
- Periphery : extension
- Diascopy : Apple jelly nodules

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iii) Scrofuloderma : (MC) cut. TB in children

Route : endogenous.

(MC) foci → cervical L.N

C/F : multiple linear discharging nodules

(MC) site : neck.

iii) Herpes Labialis :: HSV - 1.

- Vesicles (grouped)
- Located in clusters
- site : Vermillean border of lip.
- H/o recurrences.

iv) Varicella :

org: VZV / HHV - 3

- Vesicles on a red base
  - ↓ dew drop
  - ↓ rose petal
- Distribution : Centripetal.
- Characteristic : Pleomorphic lesion
  - ↓ Different stages of the rash present simultaneously.

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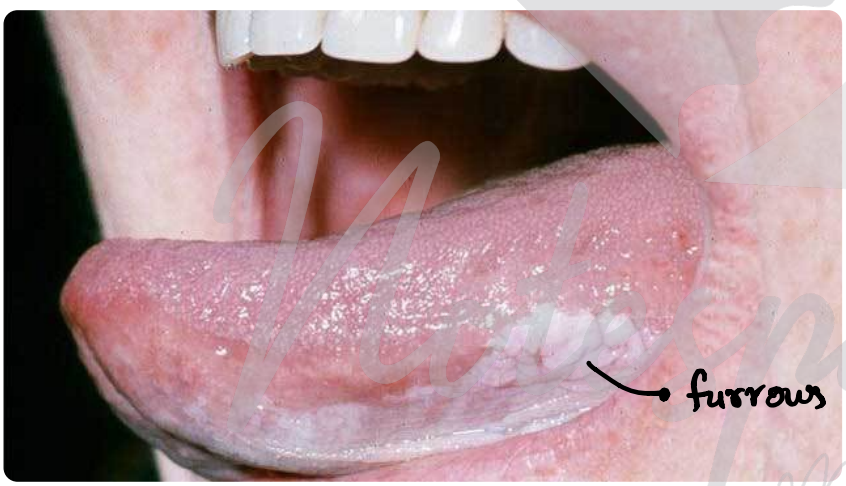
Neet'19

v) Herpes Zoster :- [SHINGLES]

org: VZV / HHV 3

- U/L
- Dermatomal
- Painful grouped vesicles on a red base
- (MC) dermatome : Thoracic dermatome.

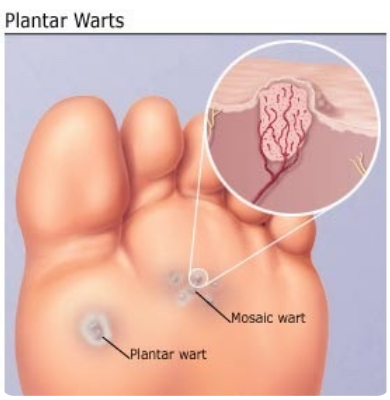
vi) Oral Hairy Leukoplakia :- EBV



- HIV infected pt.
- White plaque {corrugated}
- Lateral border of the tongue
- Cannot be rubbed off

{candidiasis produce pseudomembrane that can be rubbed off.}

vii) Verucca Vulgaris :- common warts



- org: HPV 2, 4, 27
- asymptomatic
- skin coloured papules and plaque
- surface : Rough (verucous)

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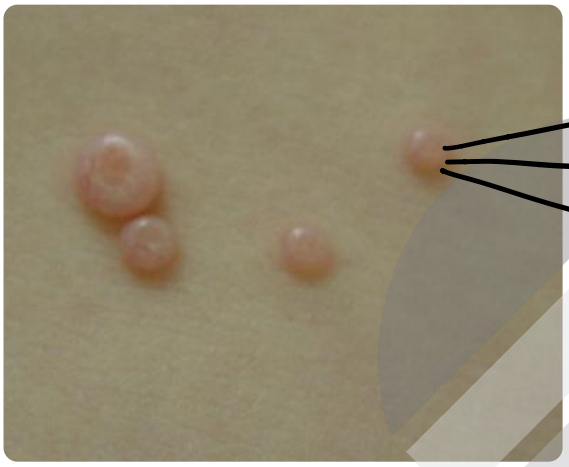
viii) Molluscus Contagiosum : MCV - 1 (child)
MCV - 2 (adults)



- pearly white
- Dome shaped
- umbilical papules

• Henderson Patterson body
↳ Intracytoplasmic body

Neet '19

Hand foot mouth d/s :

org : Enterovirus 71
Coxsackie A16

Papulovesicular eruption.

↓ oral cavity ⊕

↓ Palms & Soles → BUTTOCKS

Kerion : Inflammatory Tinea capitis → scarring alopecia

- Boggy scalp swelling
- easily PLUCKABLE HAIR

* T. mentagraphytes
* T. verrucosum

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Tinea :· Dermatophytosis

↓

Keratinophillic fungi.

① Annular Plaque
② Central clearing
③ Peripheral scaling
④ Itch

steroid modf. Tinea : TINEA INCOGNITO

Tinea Cruris / Dhobi itch / Jock itch

Courtesy of
The Geraldine Kaminski Medical Mycology Library
Produced by: David Ellis and Roland Hermanis
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Annular Plaque

org : Trichophyton mentogrophytes
· T. Rubrum

Pityriasis Versicolor :·

↓ scaling

↓ variety of colors

· org :· Malaseggia globasa > furfur.

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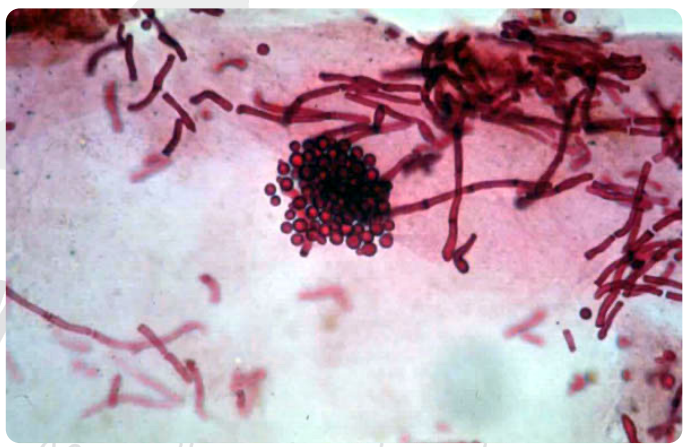
- Perifollicular scaly macules
- Versicolor : i) MC Hypopigmented
  ii) Hyperpigmented.
- 10% KOH : short hyphae + Round spores.
  - short hyphae → Spaghetti
  - Round spores → Meat balls

Pityriasis Versicolor



Spaghetti and Meat ball appearance

More than just notes...

Candidiasis :. white lesions ⇒ Pseudomembrane / Hyperplastic
↓↓
easily wiped out

Red lesion → Atrophic candidiasis

- A/c → ↓↓ 2° to antibiotic
- C/c → ↓↓ Denture mouth

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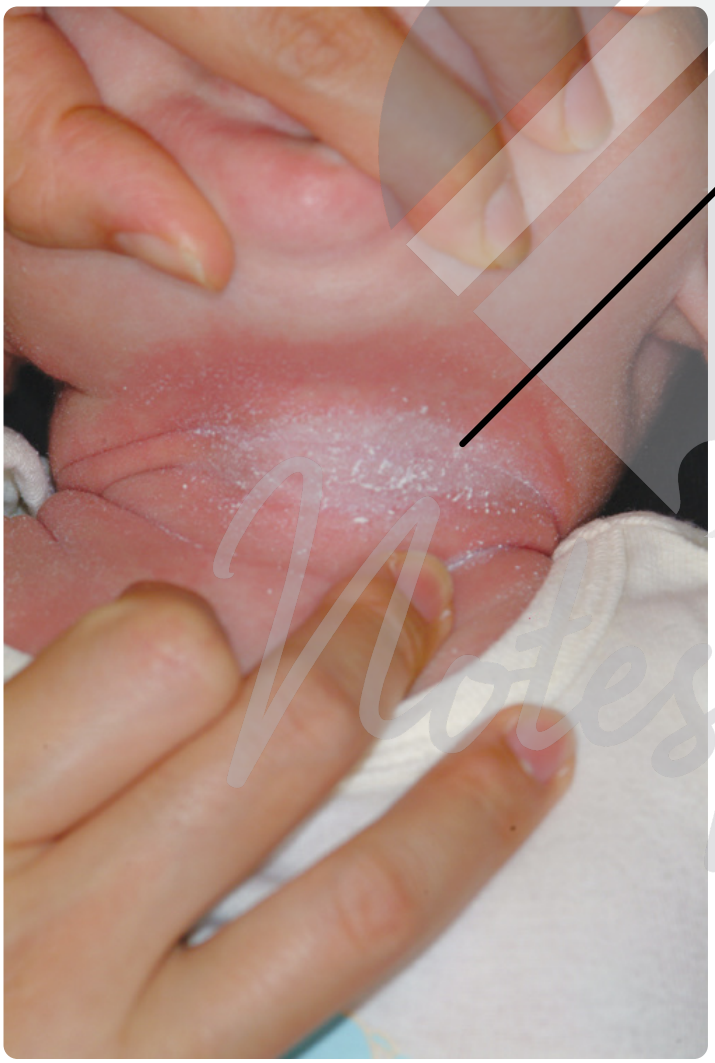
Candidial Intertrigo {Neet '19}

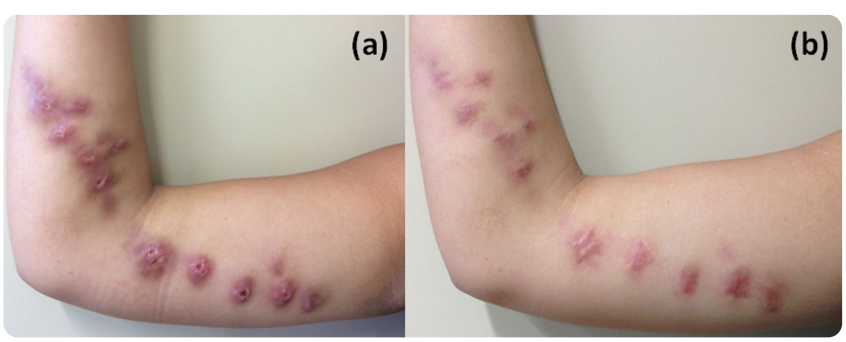
- not SSSS → sheet like epidermal Peeling
- Here only neck folds only involved



- Macerated plaque
- site : opposing surface.
- satellite lesion / pustule ⊕

Sporotrichiasis :

org: Sporothrix Schencki



- Target lymphatics of the extremities

↓

- Thornprick : rose gardners d/s
- Linear discharging nodules along extremity

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Histology: Asteroid bodies

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Sporotrichosis

Chromoblastomycosis::

org: PIGMENTED fungi → fonsaceae pedrosoii
→ Phialophora verrucosum

- verucous dermatitis
- Verucous plaque on the foot
- Dx: KOH mount
  ↓
  Brown colored body

COPPER PENNY BODY /MEDLAR BODIES / sclerotic bodies

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Mycetoma :- Eumycetoma → Fungi
Actinomycetoma → Bacteria

Triad :-

1) Tumefaction {Tumour like swelling}
2) Multiple sinuses.
3) Discharging granules [colonies of Microbe]

Scabies :-

org: Sarcoptes scabi var hominis.

- H/O nocturnal pruritis {Temp low → mite active}
- Family h/o of similar complaints.
- sites : i) Web spaces
  ii) Axilla
  iii) genital area

genital scabies

Lesion : Burrow → "serpiginous tunnel in S. corneum."

sites : Web spaces.

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Scabies Mites :

On 10% KOH

i) 2 ant. pairs of leg

ii) 2 post. pairs of leg

Cutaneous larva migrans :

- org : Animal Hook worm larva
  - Ankylostoma CANIS
  - A. Brazilienсis.
- C/F : serpiginous tract in skin.
- Rx : Albendazole
  Ivermectin.

Genital Dermatology

- Anogenital warts / CONDYLOMA ACUMINATA. ⇒ Pointed
- HPV 6, 11 (low risk type)
- Asymptomatic pink papules & plaques.
- (MC) site : ♂ → coronary sulcus & frenulum. [site of friction]
- BIOPSY : Koilocytes.

Rx :- non pregn. → a) PODOPHILLIN
b) IMIQUIMOD

Pregn. → Rx OC : • Cryotherapy { Liq N_2 @ -196°C }
• TCA 70% - 80%

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Gonococcal Urethritis :

- org: N. Gonorrheae
- I.P: 2-5 days
- "Constitutional Symptoms" → fever
  → jnt pain
  +
  DYSURIA (severe)
- Purulent } discharge
  Profuse

GONORRHEA
seed flow.

Non gonococcal urethrithitis (Chlamydia D-K)

- Mucoid
- scanty

- Rx for Gonorrhea → Ceftriaxon 250mg IM
  +
  Azithro- 1g STAT.

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- 1° Syphilis : Treponema Pallidum

  I·P : 9 - 90 days.

Primary Syphilis- Penile Chancre / Hard Chancre

- single
- clean based
- indurated
- non tender
- no bleeding on touch.

- Inguinal lymphnodes : Enlarged (B/L), non tender
- Mx OC : Dark Ground Microscopy

Rx : 1° S → • Inj. BENZATHINE PENICILLIN 2.4 MU Deep IM (alternate buttocks)

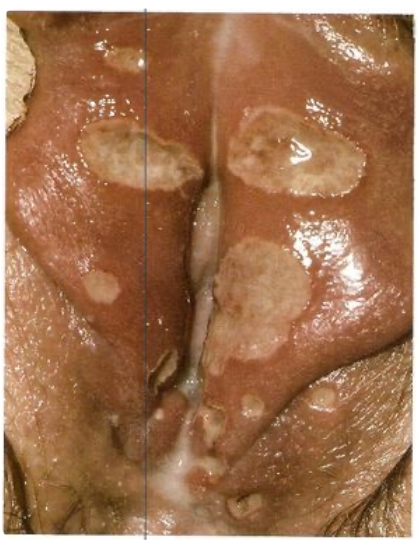
1.2 | 1.2

- Single dose

Chancroid :- Soft chancre

org : Hemophilus ducreyi-

I·P = 2-5 days



→ multiple
→ necrotic based
→ non indurated / soft
→ Tender
→ Bleeds on touch

Inguinal L.N ⟶ Bubo {suppurative Lymphadenopathy}

Inx OC ⟶ Gram stain : School of fish appearance
{gram -ve cocco bacilli}

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Rx : Azithro 1g STAT.

Genital Herpes :. HSV -2

I·P = 3-12 days

1° lesion : vesicles.

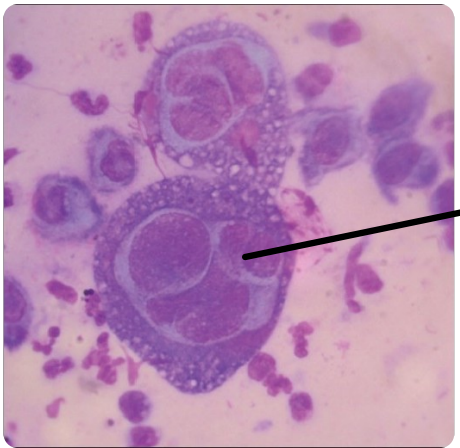
Later stage ↓ margins fuse

- (Polycycli) margin
- Multiple / Tender ulcers

Common Sites of Herpes Blisters

Appearance of Herpes Blisters

- Inguinal Lymphnodes : B/L enlarged + Tender



Genital Herpes - Tzanck smear

multinucleated giant cells

Rx :. Acyclovir 400mg 1-1-1 x 7days

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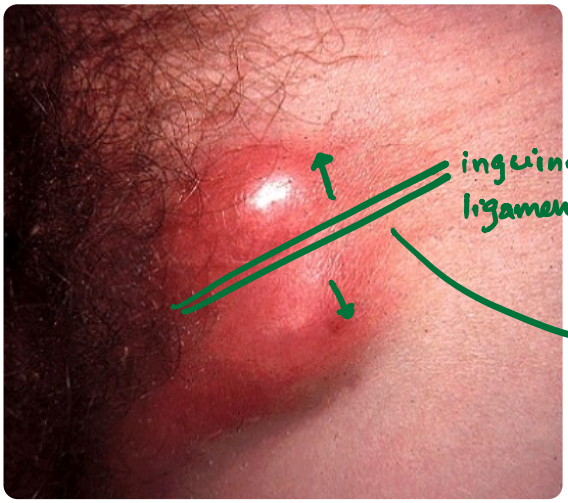
Lymphogranuloma Venereum:



- Org: Chlamydia Trachomatis L_1, L_2, L_3
- I.P = 3 - 30 day.
- Ulcer: Transient, asymptomatic
- Groove sign of GREENBLATT
- Enlargement of L.N above & below inguinal ligament.
- BUBO ⊕

Rx: Doxycycline 100mg 1-0-1 x 3wks.

Donovanosis :/ Granuloma Inguinale:

org: Klebsiella granulomatus
{Calymatobacter}

- I.P: 8 - 80 days
- Beefy red granulation tissue
  Bleed on touch.

GROIN :: Granuloma Inguinale

↓

S/C Nodule (Groin)

[PSEUDO BUBO]

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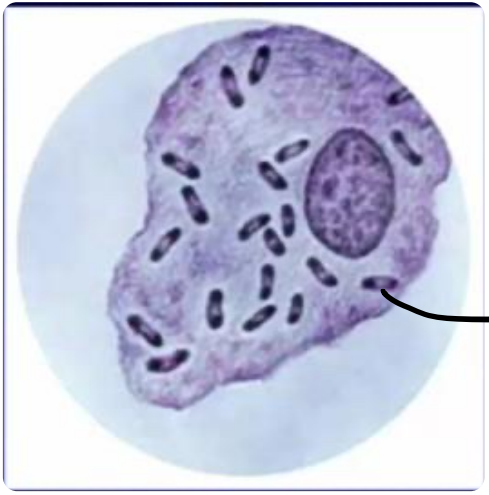


Inx : GIEMSA STAIN.

↓

Donovan bodies

→ Bipolar condensation of chromatin

→ closed safety pin app.

Rx:- Azithro 1g/wk x 3wk

and till the ulcer heals {continue Rx}

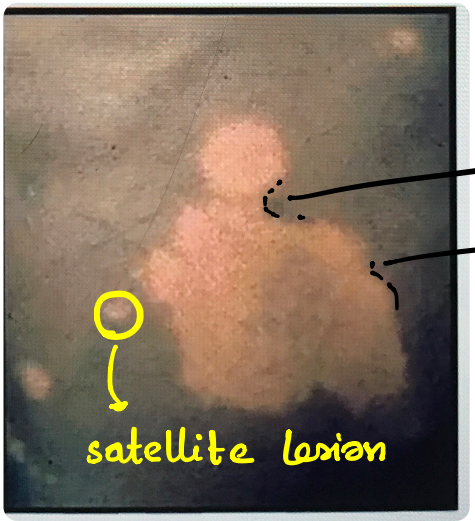
Hansen's D/s:-

TT:- {Tuberculoid type}

- Anular plaque
- central clearing
- Peripheral raised well defined margin.

→ Anaesthesia → Alopecia → anhydrosis

BT:- Borderlin Tuberculoid.



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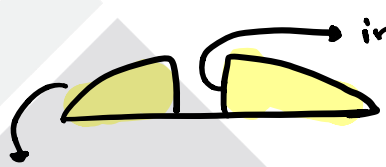
BB:-

- mid borderline leprosy
- ↑ No. of lesions.
- Polymorphic type of lesions.

↓

geographic map like appearance



inverted saucer app

swiss cheese app.

LL:-

symmetrical skin lesions

skin — Nerve thickening

Early : 1) Epistaxis
2) Pedal Edema

LL:

⇒ Face (infelterated)

↓

1) LEONINE FACIES
2) Glove & stocking peripheral neuropathy.

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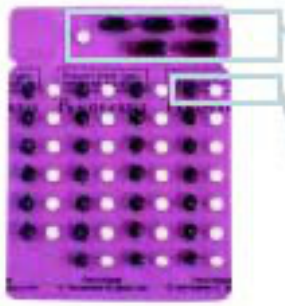
Rx :- MBMDT (Multi bacillary type)

- 3 drugs
- Packet : Maroon coloured



MB adult blister pack

MB adult treatment:

Once a month: Day 1
- 2 capsules of rifampicin (300 mg X 2)
- 3 capsules of clofazimine (100mg X 3)
- 1 tablet of dapsone (100 mg)

Once a day: Days 2-28
- 1 capsule of clofazimine (50 mg)
- 1 tablet of dapsone (100 mg)

Full course: 12 blister packs.

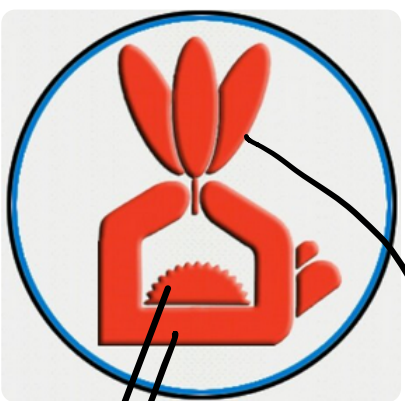
WHO update :: AIIMS '19 //

PB adult treatment

Leprosy Rx : 3 drugs (Rifampicin, Dapsone, Clofazimine)

for both PB & MB Rx, with the duration of treatment being 6 months for PB & 12 months for MB.

National leprosy Eradication Program (NLEP) :



- Established : 1983
- Emblem : Symbolises positive action & hope to eradicate leprosy

- Lotus : purity
- partially affected thumb } Leprosy can be cured
- leprosy patient : can be a useful member of society
- rising sun : hope and optimism.

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Urticaria :-

- vascular reaction pattern
- Dermal edema.

⇓

ITCHY WHEALS

- {Evanescent edematous plaque}
- central pallor & Peripheral erythema.

Wheal

Dermographism

⇒ Normal skin
↓ stroke / Blunt object
Exaggerated wheal flare response

Patch test : Type 4 HSR.

DSi's : Allergic contact dermatitis

⇒ Reading @ 48hrs

- Patch test read at / usually read at } 48hr /2 days
- Patch test best read at = 96hrs (4days)

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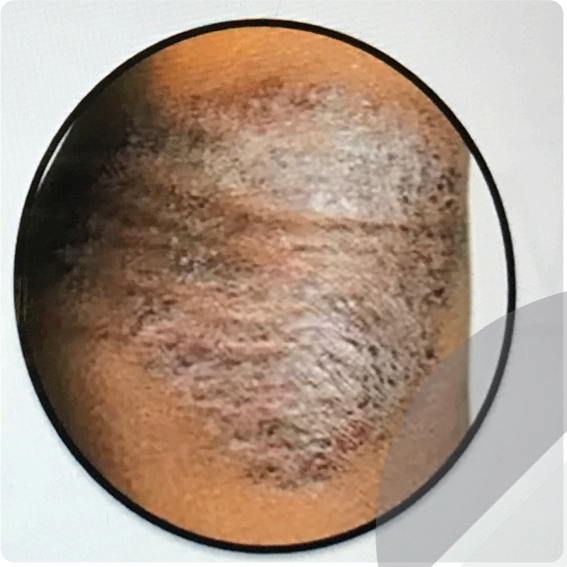
Eczema : C/c



- Response to C/c itching
  ↓
  1) Hyper pigmentation
  2) Thickening of the skin
  3) Exagerated skin markings.
  ⇓
  LICHENIFICATION

Atopic Dermatitis:· NEET'18, 19//

- Chronic / chronically Relapsing inflamatory skin d/s.
- ATOPY : Localised Type 1 HS Rn.

ask h/o atopy
1) Recurrent Allergic Rhinitis
2) Bronchial asthma
3) Atopic dermatitis

└ ① Infantile (2m-2yrs)
- Face/scalp/ extensors

② Childhood phase
⇒ Distribution of lesion shifts from extensors ⟶ flexors
- Red
- scaly
- Excoriated.

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③ Adult phase → Puberty onwards

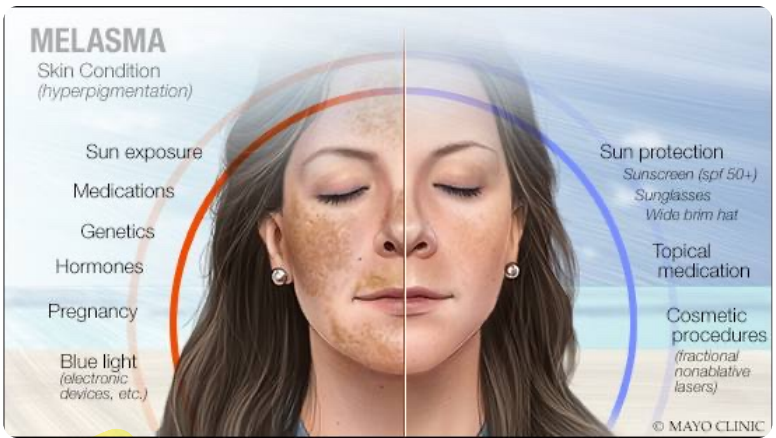
- Flexural Lichenification

Dennie Morgan's fold: Infraorbital fold of skin

→ Lateral madarosis in ATOPIC DERMATOSIS
↳ HERTOGHES SIGN

Pigmentary d/s

1) MELASMA: Acquired d/o



- symmetric brown hyperpigm. macules.
- SITES: Malar area.
  Nose
  Mandibular area

Pregnancy → Chloasma

AIIMS '19
Melasma like pigm. s/i chickengunya → chick sign [Nose]

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Melanocytic Nevus :- Benign proliferation of special melanocyte called "Nevus Cell"

- Congenital
- Acquired

a) Congenital Melanocytic Nevus :-

Congenital melanocytic nevus

- Giant melanocytic nevus → > 20cm → Black, rough, warty, rugose or cerebriform surface with coarse hair.
- 2 - 5 % chance of Melanoma Q. AIIMS
- They tends to extent deeper (Dermis / S. cutis tissue)
- Associated with i) leptomeningeal melanocytosis
  ii) neurofibromatosis

Rx :-
i) Surgical excision → mainstay treatment
↓ after
cultured epidermal autograft.

Giant congenital melanocytic nevus

b) Acquired Melanocytic Nevus :-

Classified based on position of cluster of Nevus cells

DEJ/BMZ	DEJ + Dermis	Dermis
↓	↓	↓
Junctional Nevus	Compound Nevus	Intradermal nevus.

NEET'18

Becker's Nevus :-

- Acquired
- U/L
- Hyperpigmented
- Hypertrichotic
- site : · Chest
  · upper shoulder

Becker's Nevus

Nevus of Ota :. Dermal melanocytosis (CERULODERMA)

→ U/L
→ Blue slate grey : d/t tyndall effect
· lesion in dermis
→ Nerve distribution : 1st & 2nd division of Trigeminal N. (V_1, V_2)

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- Face involved
- Sclera (2/3rd) involved

Rx: Q switched Nd Yag Laser.

Vitiligo:-

Vitiligo Vulgaris:-

- (MC) type
- Depigmented macules
- Most accepted hypothesis
  - Autoimmune
- >20% BSA: Rx: NB-UVB (phototherapy)

NEET'19

Chemical Leukoderma / occupational or contact leukoderma

chemicals
↓
Melanocytotoxic effect

BINDI induced leucoderma
- "Para tertiary Butyl phenol"

Rubber : Monobenzyl ether hydroquinone

Panniculitis: inflammation of s/c fat.

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Erythema Nodosum: eg. for septal panniculitis

- Red tender nodules
- Anterior aspect of legs
- Heal without scarring

Skin & Rheumatology

i) Henoch Schonlein purpura → IgA vasculitis
- inflamm. of small vessels

- palpable purpura
- site: Lower extremities
- platelet : (N)

{non thrombocytopenic Purpura}

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Malaria Rash

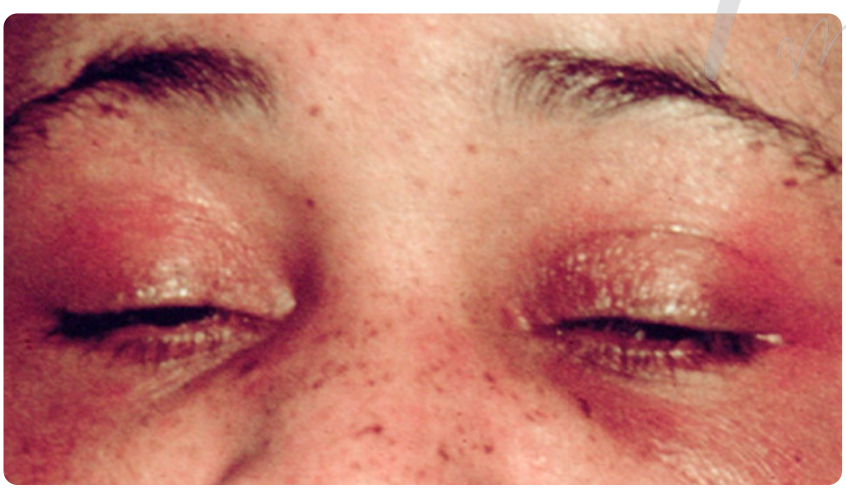
- A/c cutaneous form of SLE
- Erythema : Malar area
  bridge & nose
  {Butterfly Rash}
- Nasolabial fold spared d/t less UV light striking over here sparing.
- a/w Photosensitivity

Dermatomyositis:

Gottrons Papule

site : MCP/IP joint

Violaceous flat topped papule



Heliotrope Rash

site : periorbital area → over upper eyelid

Violaceous Macular Edema.

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Systemic Sclerosis:

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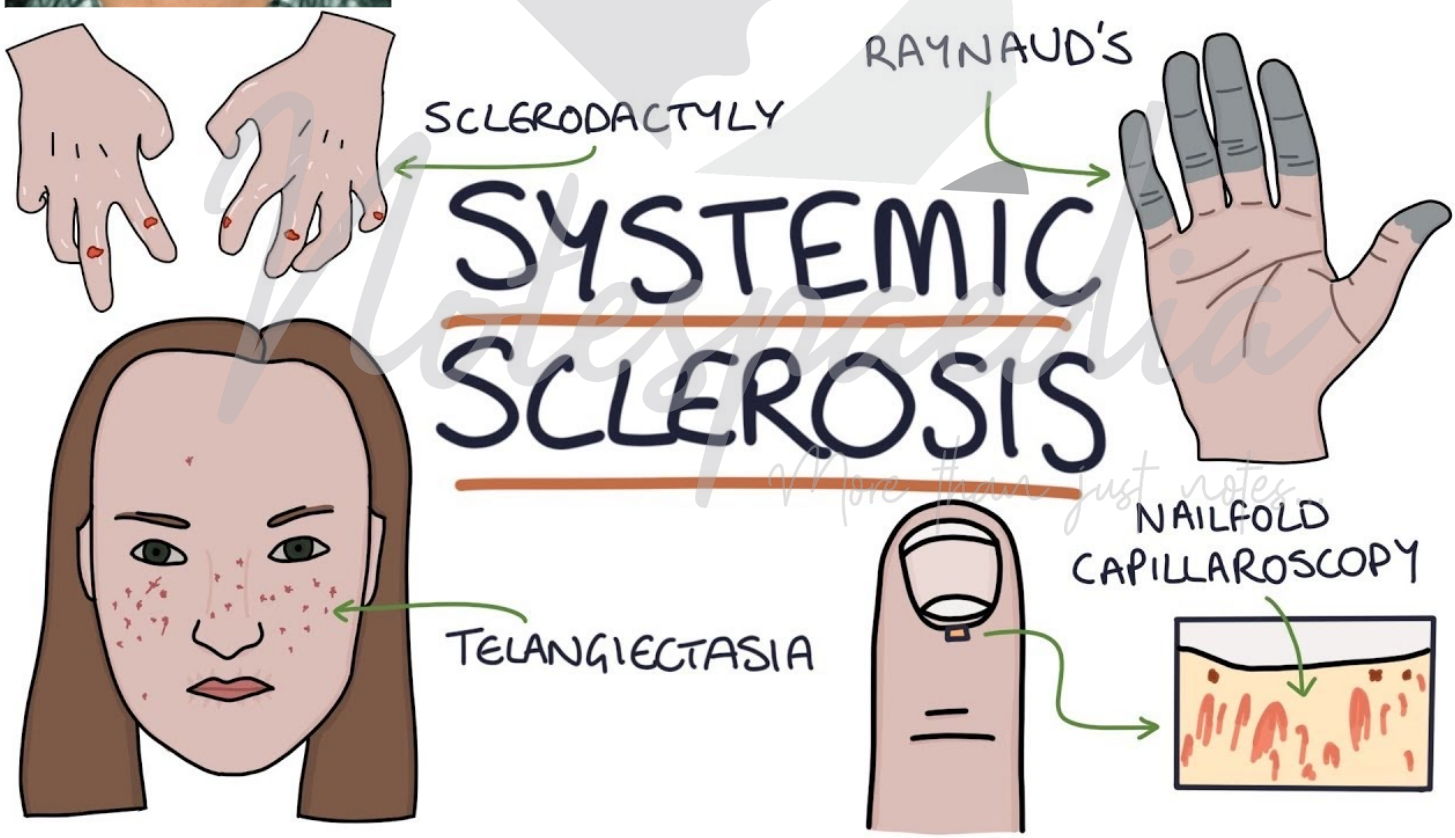
- wrinkles on forehead ☹
- Expressionless face {Mask face}
- Beaked nose
- perioral radiating furrows



- pigmentation: Salt & pepper pigmentation.
  - Salt → depigmentation
  - pepper → N / ↑ pigmentation

Neurofibromatosis → Type 1

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→ Neurofibroma : Tumours of peripheral sheath

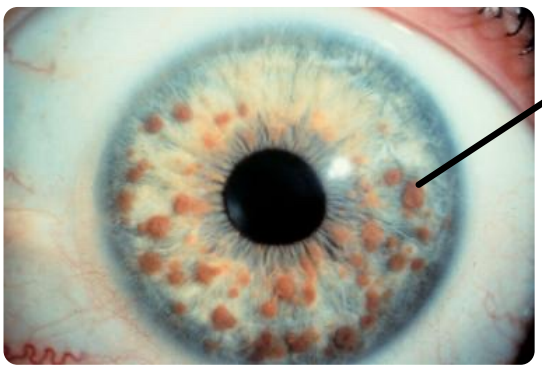
Dx → 2/> of NF of any type
or
1 plexiform NF

→ Cafe au lait macule
"Hyperpigmented"

- No. → 6/>
- size
  - >5mm : < puberty
  - >15mm : > puberty

→ Axillary freckling
| Hyperpigmented macules

CROWES SIGN
{Pathognomonic of NF-1}



→ Lisch Iris hamartomas
↓
Iris nodules : viewed on slit lamp exam.
↳ doesnot affect vision

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Tuberous Sclerosis :-

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→ Ash leaf macula

↓ Hypopigm.

pointed — oval

LANCE-OVATE SHAPE

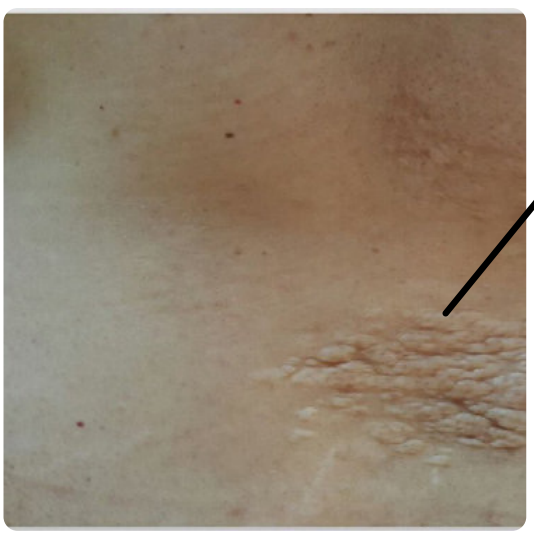
- Earliest & (MC) skin lesion

→ Adenoma Sebaceum

↓ Facial angiofibroma

Reddish brown papules

site : Face, nasolabial fold



→ Shagreen Patch

↓ site : Lumbosacral region

LEATHERY PLAQUE a.k.a collaginoma

{ made up of collagen }

→ Koenens tumours

↓ site : peri/subungual

Fibromas

- prominantly s/i puberty

Port wine stain ⟶ capillary vascular malformation

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→ U/L
→ color : port wine
→ Facial PWS a/w **Sturge Weber Sx**

↓
1) CNS → Sz.
2) eye → Glaucoma
3) skin

- onset : @ birth
- Permanent stain
- Rx : PDL : Pulse dye Laser

Face

- ½ is Blue → Nevus of Ota
- ½ is port wine → Port wine stain

Skin & systems

NEET'19

Acanthosis Nigricans

- Morphology : velvetty hyperpigm. plaques.
- site : neck / axillae
- (MC) cause : obesity
- Rare : GI Adenocarcinoma

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Necrobiosis Lipoidica : (yellow)

→ Morphology : • Yellow, waxy atrophic plaque
• surface telengiectasia

→ site : ant. aspect of leg

→ association : Diabetes Mellitus

Pretibial Myxoedema / Thyroid dermopathy

morpholog : Non pitting edema

site (MC) : Ant. aspect of leg

association : GRAVES D/s

Xanthelasma Palpebrarum :

• morph. = Yellow plaques
• Symmetrical distribution
• site : Periorbital
• assoc : i) HYPERLIPIDEMIA
{Lipids may be Normal}
ii) Cholestasis

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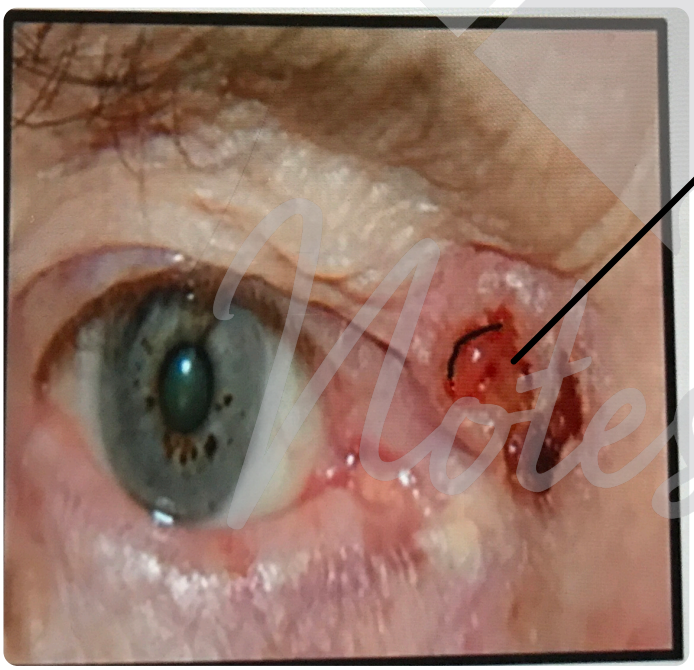
Basal cell Carcinoma :-

- Pearly translucent nodules
- Surface telengiectasia
  ↓
  Dilatation of B.V

↓ later



→ Rodent Ulcer & Locally invasive
↓
Rolled out edge.

Keratoacanthoma

- Squamo Proliferative tumour
- Fleshy umblicated nodule
- Keratin filled cater (centre of lesion)

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